

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Facility Information**

**Facility Name:** SUPERIOR HOUSE (0009904)  
**Address:** 1822 SUPERIOR AVE, TOMAH, WI 54660  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/08/2002  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0094125      **End Date:** 01/25/2005      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10009803    Served 02/11/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(3)(f)	REVIEW OF ISP		
88.09(1)(e)	RESIDENT'S RECORD RETENTION		

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